Mental Health Commission
Department of Health
GOVERNMENT OF WESTERN AUSTRALIA

Mental Health, Alcohol and Other Drugs Clinical Advisory Group Communique

17 March 2026

The Clinical Advisory Group (CAG) supports the Mental Health and Alcohol and Other Drugs Joint Leadership Group (JLG) by providing contemporary, expert advice on clinical matters, inclusive of both public and community settings. The CAG strives to ensure that their contributions ensure the delivery of an integrated, recovery-oriented system that encapsulates whole-of-system priorities, including transitioning to more community-based services that provide prevention, earlier intervention, and diversion away from acute in-patient services.

This Communique provides a summary of the key items tabled at the CAG meeting for the purposes of providing advice to the JLG.

Neurodiversity

The CAG was invited to provide advice on agreed Neurodiversity priority areas to inform planning and future decision making. A summary of advice to the JLG includes:

- Training programs should be tailored to professional groups and co-designed with individuals with Lived Experience to ensure relevance, effectiveness, and practical application.
- Upskilling clinicians in assessment, diagnosis, and management of neurodivergent presentations, including ADHD and late-diagnosed conditions, is needed as a priority.
- Workforce development should incorporate softer skills and recognise neurodivergent strengths, ensuring recruitment processes are inclusive and enhance care delivery.
- A coordinated approach across workforce, systems, and service environments is needed to ensure staff capability, readiness, and consistency, avoiding one-size-fits-all models.
- Services must deliver trauma-informed care consistently, integrating practical facility adjustments such as sensory tools, lighting, and therapeutic environments.
- Health services have a responsibility to support neurodivergent individuals in distress, reduce emergency department reliance, and ensure system touchpoints are mapped for targeted interventions.
- Continuity of care and smoother service transitions can be supported through multi-agency collaboration.
- Embedding neurodiversity considerations into policy and practice is essential, with mechanisms required to monitor compliance, workforce capability, and service delivery outcomes.
- Community awareness of neurodiversity and mental health should be enhanced, particularly in regional and remote areas.
- Carer education and engagement, including for Aboriginal and culturally diverse carers, should be tailored to meet community and cultural needs.
- Alternative workforce development and training models, such as specialist outreach teams, short courses, and structured pathways, are recommended where whole-of-sector approaches are not feasible.
- System capacity must be considered, as increased awareness and training may generate additional demand without corresponding workforce or infrastructure support.

Mental Health Professional Online Development Platform (MHPOD)

The CAG was invited to provide advice on approaches to promote the Mental Health Professional Online Development Program (MHPOD). A summary of advice includes:

- MHPOD is a valuable and accessible platform with strong uptake in Western Australia, with opportunities to further promote its use across services and partner organisations.
- Expansion of modules to align with workforce needs (e.g. women's mental health) and development of tailored content for specific workforce groups may strengthen impact.

- Improved visibility, structured learning pathways and alignment with capability frameworks may support greater and more consistent uptake.

Diversion from Emergency Departments

The CAG was invited to provide advice to inform the JED's work on strategies to support General Practitioner referrers, with a focus on individuals arriving at Emergency Departments (ED). A summary of advice to the JLG includes:

- Many individuals presenting to ED are not admitted and may re-present, reflecting challenges in system navigation and access to appropriate alternative services, particularly in regional areas.
- Strengthening consultation liaison services, peer support roles and early intervention models (e.g. triage and co-response) may support improved outcomes and diversion.
- Greater integration across community, acute and ED services, alongside expanded crisis and after-hours supports, is required to improve continuity of care and reduce ED reliance.